

**Jasper County Board of Health  
Environmental Health Division  
116 W 4<sup>th</sup> St South  
Newton, Iowa 50208  
Ph: 641-792-7603 Fax: 641-275-3708**

**APPLICATION FOR PRIVATE WATER WELL CONSTRUCTION PERMIT**

**FEE - \$125.00 DUE WITH COMPLETED APPLICATION**

**APPLICANT INFORMATION**

Applicant \_\_\_\_\_

Mailing address \_\_\_\_\_

\_\_\_\_\_ City State Zip

Phone numbers (\_\_\_\_) \_\_\_\_\_ Home  
(\_\_\_\_) \_\_\_\_\_ Work  
(\_\_\_\_) \_\_\_\_\_ Cell

The best time to reach me is \_\_\_\_\_

Location of proposed well \_\_\_ 1/4 \_\_\_ 1/4 \_\_\_ 1/4 Sec \_\_\_ T \_\_\_ R \_\_\_

GPS Coordinates \_\_\_\_\_ (If available)

911 address (if applicable) \_\_\_\_\_

Description of proposed location or an identifying factor. (Example: red wooden stake to east of the barn.)

Anticipated construction date \_\_\_\_\_ Well Depth \_\_\_\_\_

Well Contractor's name \_\_\_\_\_ Certification No. \_\_\_\_\_

Purpose of the well:

- |                                     |  |
|-------------------------------------|--|
| <input type="checkbox"/> Household  | <input type="checkbox"/> Commercial  |
| <input type="checkbox"/> Livestock  | <input type="checkbox"/> Heat pump, if so is it <input type="checkbox"/> horizontal or <input type="checkbox"/> vertical |
|                                     | _____ how many _____ how deep  |
| <input type="checkbox"/> Irrigation | <input type="checkbox"/> Monitoring  |

Are there other existing wells on the property?  No  Yes, if yes provide any information you have on the existing wells:

I certify that the above is correct to the best of my knowledge. I will provide any additional information requested. I have listed all existing wells. Any well not in use must be sealed as a standby well or properly plugged within 90 days.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

